WEYAUWEGA HEALTH CARE CENTER 717 EAST ALFRED STREET

/I/ EAST ALFRED STREET										
	WEYAUWEGA 54983 Phone: (920) 867-3121		Ownership:	Corporation						
	Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled						
	Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No						
	Number of Beds Set Up and Staffed (12/31/03):	90	Title 18 (Medicare) Certified?	Yes						
	Total Licensed Bed Capacity (12/31/03):	90	Title 19 (Medicaid) Certified?	Yes						
	Number of Residents on 12/31/03:	73	Average Daily Census:	75						
	**********	****	*******	********						

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				
Home Health Care Supp. Home Care-Personal Care	No No		용	Age Groups	8	Less Than 1 Year	23.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	15.1	More Than 4 Years	17.8
Day Services	No	Mental Illness (Org./Psy)	24.7	65 - 74	15.1		
Respite Care	Yes	Mental Illness (Other)	8.2	75 - 84	23.3		75.3
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	Yes	Cardiovascular	5.5	65 & Over	84.9		
Transportation	No	Cerebrovascular	6.8			RNs	9.4
Referral Service	No	Diabetes	9.6	Gender	용	LPNs	7.8
Other Services	No	Respiratory	5.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	39.7	Male	43.8	Aides, & Orderlies	49.0
Mentally Ill	No			Female	56.2		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay	:		Family Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	4	8.9	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	5.5
Skilled Care	10	100.0	256	41	91.1	113	0	0.0	0	15	100.0	150	2	100.0	113	1	100.0	284	69	94.5
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		45	100.0		0	0.0		15	100.0		2	100.0		1	100.0		73	100.0

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WEYAUWEGA HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:	i	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	23.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.4		80.8	17.8	73
Other Nursing Homes	0.0	Dressing	8.2		67.1	24.7	73
Acute Care Hospitals	70.1	Transferring	28.8		39.7	31.5	73
Psych. HospMR/DD Facilities	0.0	Toilet Use	30.1		41.1	28.8	73
Rehabilitation Hospitals	0.0	Eating	61.6		35.6	2.7	73
Other Locations	6.0  *	******	*****	*****	*****	******	*****
Total Number of Admissions	117	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	13.7	Receiving Resp	iratory Care	9.6
Private Home/No Home Health	14.4	Occ/Freq. Incontinen	t of Bladder	35.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	19.2	Occ/Freq. Incontinen	t of Bowel	41.1	Receiving Suct	ioning	0.0
Other Nursing Homes	13.6				Receiving Osto	my Care	2.7
Acute Care Hospitals	11.2	Mobility			Receiving Tube	Feeding	2.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	13.7	Receiving Mech	anically Altered Diets	30.1
Rehabilitation Hospitals	0.0						
Other Locations	2.4	Skin Care			Other Resident C	haracteristics	
Deaths	39.2	With Pressure Sores		5.5	Have Advance D	irectives	100.0
Total Number of Discharges	1	With Rashes		5.5	Medications		
(Including Deaths)	125				Receiving Psyc	hoactive Drugs	57.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

**********************	******	Owne	******** ership:	Bed	Size:	Lic	ensure:	*****	*****
	This	This Proprietary			-99	Ski	lled	Al	1
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities	
	96	90	Ratio	엉	Ratio	엉	Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.5	84.6	0.96	88.0	0.93	88.1	0.93	87.4	0.93
Current Residents from In-County	57.5	75.5	0.76	72.9	0.79	69.7	0.83	76.7	0.75
Admissions from In-County, Still Residing	10.3	18.9	0.54	20.1	0.51	21.4	0.48	19.6	0.52
Admissions/Average Daily Census	156.0	152.9	1.02	129.5	1.20	109.6	1.42	141.3	1.10
Discharges/Average Daily Census	166.7	154.8	1.08	130.3	1.28	111.3	1.50	142.5	1.17
Discharges To Private Residence/Average Daily Census	56.0	63.8	0.88	52.2	1.07	42.9	1.31	61.6	0.91
Residents Receiving Skilled Care	100	94.6	1.06	93.7	1.07	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	84.9	93.7	0.91	94.2	0.90	93.1	0.91	87.8	0.97
Title 19 (Medicaid) Funded Residents	61.6	66.0	0.93	66.3	0.93	68.8	0.90	65.9	0.94
Private Pay Funded Residents	20.5	19.0	1.08	21.6	0.95	20.5	1.00	21.0	0.98
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	32.9	31.3	1.05	36.2	0.91	38.2	0.86	33.6	0.98
General Medical Service Residents	39.7	23.7	1.67	21.5	1.85	21.9	1.82	20.6	1.93
Impaired ADL (Mean)	47.9	48.4	0.99	48.4	0.99	48.0	1.00	49.4	0.97
Psychological Problems	57.5	50.1	1.15	53.4	1.08	54.9	1.05	57.4	1.00
Nursing Care Required (Mean)	7.0	6.6	1.07	6.9	1.02	7.3	0.97	7.3	0.96